

<b>EMERGENCY NOTIFICATION DATA</b>				
<b>PERSONAL INFORMATION</b>				
LAST NAME		FIRST NAME	MI	CAP RANK
CAPID				
ADDRESS			CITY	STATE AND ZIP CODE
<b>CIVIL AIR PATROL UNIT INFORMATION</b>				
UNIT CHARTER NO.		UNIT NAME		UNIT LOCATION (City and State)
UNIT COMMANDER'S NAME			CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.	
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>				
NAME (Mr., Mrs., etc.)			RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS			TELEPHONE (Nights & Weekends) AC: NO.	CELL PHONE

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**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CAP FORM 60, DEC 03    REVERSE**

**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

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